

UNIVERSITY OF WALES TRINITY SAINT DAVID

Psychology for Health and Social Care BMHP4019_BIRM

By Ambreen Kanwal

2018998

8th December 2021

Sudden shift in the routine or stuck by any unforeseen illness causes irritation and agitation in one's behavior. The change of self-identity when shifts bring a lot of destruction or comfort. Either ways. Such situation can be handled in different ways, but mostly with calmness and understanding with the situation of the service user. In the following report I have thoroughly analyzed the situation and mentions recommendation and solution for future references.

Table of content

Abstract	2
Concept of self	2
Social -identity	4
Attribution theory perspective of care giver and user	4
Theories of aggression	6
Recommendation for the certain situation	7
Conclusion	7

Abstract

Sudden shift in the routine or stuck by any unforeseen illness causes irritation and agitation in one's behaviour. The change of self-identity when shifts bring either destruction or comfort.. Such situation can be handled in different ways, but mostly with calmness and understanding with the situation of the service user. In the following report I have thoroughly analysed the situation and mentions recommendation and solution for future references. In this case the service user has a history of being fond of a sport and then due to unforeseen illness he has to withdraw from the sport he seems to be good at. On the other hand, the service provider seems incompetent to understand the dynamics of the service user's dilemma. However, in the time of COVID 19 precautions are extremely needed at the time being. It is safe to say that the service provider is only adhering to the guidelines provided by health department during such time.

Concept of self

There is a medical condition involve in the cases study perhaps it is important to consider the health view of the service user here. The service user is a 15 year old and recently diagnosed with Emery-Dreifuss Muscular Dystrophy. Now there is one factor that could be a reason of his behaviour in the provided setting is his health condition. According to (Morrison & Bennett, 2016) adolescents become more and more aware about their health in able to act about it. Here it is safe to say that due to the health issues the service user might have alter self-concept of his. Self-concept which is now changed after the diagnosis, couple of months before he was practicing in the football academy and now he is diagnosed with such medical condition which will restrain him from playing which he was used to play. Couple of months bac he was player but now he is not able to do.

The service user now has a different social identity of him in his own eyes and in the society as well. If he is considering his situation with the fellow players he has now a different identity then before. Social identity he might now have as an ill person who cannot play anymore and forced to let go what he has been accustomed to.

For the service provider, the staff member is seem to have taken this job recently, perhaps the temporary self-concept of her is not perfectly construct as per the

requirement of her job. This might have created a problem in handling the situation very well considering the condition of the boy.

Social identity theory

Putting the social identity theory into the context makes it clear that in the age range that adolescent is in is the last stage of social identity theory and according to the theory the Understanding the situation of the 15 year old boy who loved to play football and he had to forgive his dream because of an illness.



With the above situation given this is how the personal self, changes with the influence of the situation or environment or with peer pressure and a new self-identity is made. In this situation it has changed and made the boy not comfortable with it hence he reacted differently in the local counselling centre.

Attribution theory perspective

Analysing the situation of the of the counselling centre, the boy acted harshly because he has a history of anxiety, he is being sent to the counselling centre so that he can seek solution for his anxiety and depression on top of that he has attempted a suicide. Following are the reasons due to which he has acted in such way that has caused a scene.

- Physical barriers
- Mental health distorted
- Situational factor
- Communication gap

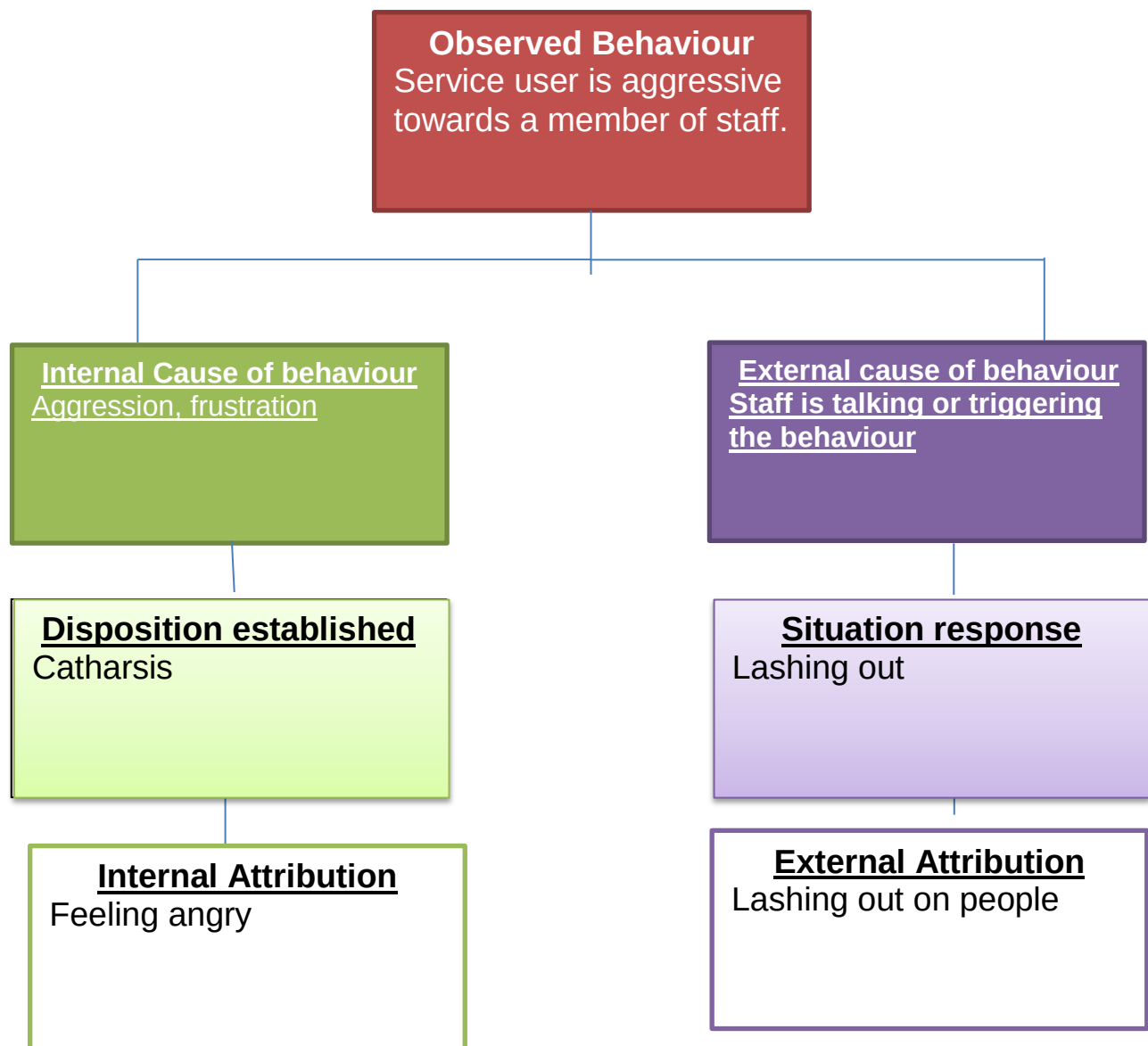
Physical barriers as he feels pain if he forced to sit for long hours. Therefore he needs to walk around to relieve the pain and when he is not able to do it with whatever reasons unusual behaviour is expected.

Mental health not in places, this boy attempted to end his life, it speaks enough about that he is not in his cognitive thinking, he is thinking straight therefore, such confusions also creates unusual condition brain resulting in distorted behaviour.

Situational factor in the current times is just tormenting. In the wake of COVID 19 physical contact of any mean is just prohibited and when the service user wants to walk around he will be passing closely with other people therefore it has also caused disturbance in the behaviours. Moreover, leaving him alone in the room will not solve the problem as he has a history of suicide attempt.

Lastly, the communication, here it can clearly be seen that the receptionist is not trained enough to cater the situation or the need of the boy. Perhaps communication gap, not understanding what the service user is in need of might also have caused a situation.

In context of Heider's illustration theory of attribution



Frustration Aggression Hypothesis (FAH) theory of aggression

In the said situation the service user was experiencing pain and emotional trauma, this lead frustration in his attitude which further leads to aggression. According to Dollard et al., (1939) aggression is experienced when there is underlying frustration building up due to whatever reasons. In this case there is again a, physical and b, emotional barrier that has mixed up and made the aggressive outcome. This aggressive outcome can be defined as suicide attempt, physically harming him.



Impact of counselling for the solution of such situation

According to Erik Erikson in this age adolescents goes through the stage identity versus role confusion. They are making their identity or finding it and being confused side b sided. (Erik Erikson) In this age it is very crucial to have an interactive sessions needed which has role playing, motivating elements and having a conversation coming to their level. Since they struggle with their identity it is quite normal for them to incline towards any path that might be or might not be well for them. Apart from just counselling the adolescents it is very important to educate the caregiver or parents with their age stage and prediction that is made by theorists. Dealing adolescents very delicately because this is a very vulnerable age, they easily reach to extreme of the behaviour just like in this case the service user attempted suicide because of shift of his identity.

Suicide touching the sky in adolescent age group

Suicidal behaviour is the extreme of act for any age range, however, It has been seen that this lethal act is quite common in adolescents as well. Data taken from 90 countries

across the globe shows that the age range 15-19 more than 1000 adolescents commit suicide every year and most of them succeed in the attempt too, the reason of suicide may be because of social pressure to ace in education. More reason can be extracted as cultural bounding, early marriages of female and children from broken family. (Wasseman 2005)

Recommendation; what could have done or what should be done.

The complaint should not uphold against the service user but a deep and through amendment is needed for avoiding such scenes. In this case the service providers have to be efficient and familiar with such situation and they should have acted a little bit empathetic and make a way for the service user to walk. As mentioned above the adolescent was going through an emotional trauma and was in pain if he couldn't walk and stretch his legs. Here filing a complaint against him and commanding not to come back is just unacceptable and it would also have put him in situation where he felt more miserable about himself considering his vulnerable condition both physical and mental.

- The best solution would have been that he was communicated properly first with the COVID 19 guidelines and asked of eh can walk outside the centre in the fresh air.
- Ice breakers or some on the spot intervention given to lower his anxiety level for example giving breathing exercises.
- Talking to him and communicating with him would also lower the level of anxiety, over here not specifying counselling, just simple talking.
- Positive affirmation would do great help here.

Conclusion

The complaint should not uphold against the service user but understanding the situation would help in such situations. Self-identity when changes it brings great fluctuation in behaviours and mood taking care of that is indeed need of the hour. Aggression could be due to external or internal factor addressing correctly is needed. Counselling is very important for age range 15 to 19 because of high suicide rates in this age group.

References

- Wasserman, D., Cheng, Q.I. and Jiang, G.X., 2005. Global suicide rates among young people aged 15-19. *World psychiatry*, 4(2), p.114.
- Hinkelman, J.M. and Luzzo, D.A., 2007. Mental health and career development of college students. *Journal of counseling & Development*, 85(2), pp.143-147.
- Walley, C.T. and Grothaus, T., 2013. A Qualitative Examination of School Counselors' Training to Recognize and Respond to Adolescent Mental Health Issues. *Journal of School Counseling*, 11(11), p.n11.
- Batra, S., 2013. The psychosocial development of children: Implications for education and society—Erik Erikson in context. *Contemporary Education Dialogue*, 10(2), pp.249-278.
- Patterson, T.F., Thompson III, G.R., Denning, D.W., Fishman, J.A., Hadley, S., Herbrecht, R., Kontoyiannis, D.P., Marr, K.A., Morrison, V.A., Nguyen, M.H. and Segal, B.H., 2016. Practice guidelines for the diagnosis and management of aspergillosis: 2016 update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*, 63(4), pp.e1-e60.
- Furniss, H.L., 2010. Investigating causal factors of aggression: Frustration, personality, and the vicarious learning of video game violence.